

Improving Health Care for Americans With Disabilities

SCOPE OF THE PROBLEM

Over 50 million Americans have a developmental, physical, or mental disability that hinders them in functioning on their own or contributing fully to work, education, family, or community life. Disability is often accompanied by high costs — emotional, social, and financial — to disabled people, their families, and the Nation:

- At least 1.5 million traumatic brain injuries and 10,000 traumatic spinal cord injuries occur annually.
- Mental disorders, including major depression, account for 15.4 percent of the total number of years of life lost to disability or early death in the U.S. and other developed countries. Schizophrenia alone affects 2.5 million Americans
- An estimated \$300 billion is spent annually on care for Americans with disabilities. Traumatic brain injuries alone cost more than \$37 billion and spinal cord injuries more than \$6 billion.
- In fiscal year 2000 alone, the Medicare program paid nearly \$29 billion to 5.4 million disabled beneficiaries.
- In the same year, Federal payments for disability services to Medicaid enrollees reached \$44 billion.

Background

The Agency for Healthcare Research and Quality (AHRQ) supports research that investigates quality, effectiveness, and cost of health care, including health care for the Nation's disabled citizens. AHRQ-supported research brings evidence on what works — and what does not work — in health care delivery to people impaired by disabling illness or injury. Findings from AHRQ research can help public policymakers, program administrators, and other

health care leaders develop policies and programs to improve health services for people with disabilities as well as determine eligibility for benefits under Medicare, Social Security, and other publicly financed programs and private health plans.

Impact of AHRQ Research

- **Traumatic brain injury.** Over 5 million Americans are now living with a TBI-related disability. Yet AHRQ-supported investigators found that evidence for making decisions about rehabilitation for TBI survivors is weak. These and other findings from AHRQ-supported TBI research provided background material for a Consensus Development Conference on Rehabilitation for Traumatic Brain Injury convened by the National Institutes of Health to address this issue.
- **Cervical spine injury (CSI).** Failure to diagnose CSI it can lead to major neurologic disability, so doctors often order spinal x-rays to rule it out. An AHRQ-funded study team validated and used a simple set of clinical criteria that identified all but 8 of 818 patients who had CSI. The researchers concluded that doctors can use this approach to identify patients who are very unlikely to have spinal injury and thus avoid unnecessary and costly x-rays.
- **Schizophrenia.** A major AHRQ-funded study found that newer drugs are as effective in treating patients with schizophrenia as conventional treatments and they have fewer neurologic side effects. Also, patients whose families get support services and other training to help them cope with the disease have 50-percent lower relapse rates than patients on medication alone. Yet fewer than half of

patients with this disease get recommended antipsychotic drugs or psychosocial therapy.

- **Depression.** Three of 4 adults suffering from depression seek help from their primary care physician. For these patients, the newer antidepressants relieve depression as effectively as the older “tricyclic” agents and may cause fewer side effects. AHRQ-supported researchers found that 63 percent of adults taking newer agents and 60 percent of adults taking tricyclics had a significant improvement in their depressive symptoms.
- **Functional disability.** Over 9 million adults get long-term help with basic “activities of daily living” (ADLs) such as bathing and dressing or with “instrumental activities of daily living” (IADLs) such as shopping and housework. AHRQ researchers found that between 1984 and 1994, there was a marked increase in ADL disabilities among elderly Americans, from 35 percent who received help with 3 to 6 ADLs in 1984 to 43 percent 10 years later. Cognitive impairments and the intensity of care required also increased.

Tools From AHRQ Research

- **Spinal cord injury care in VA hospitals.** The Department of Veterans Affairs (VA) is using AHRQ-supported research findings to develop ways to improve the quality of care for veterans having breathing difficulties after spinal cord injury.
- **TBI guidelines.** AHRQ research findings are being used by the International Brain Injury Association to develop guidelines in caring for children and adolescents with TBI. Traumatic brain injury is the leading cause of death and injury-related disability among U.S. children and the leading cause of death and disability overall in Americans under 45.
- **Quality improvement in schizophrenia care.** New York State’s Office of Mental Health is using findings from AHRQ research to improve treatment practices and quality of care for patients with schizophrenia. The National Alliance for the Mentally Ill has also promoted these findings throughout its network of patients, families, and affiliates.

- **Depression guidelines.** The American Psychiatric Association and the American College of Physicians/American Society of Internal Medicine have used evidence from AHRQ-supported research in developing and disseminating guidelines for treating major depression.
- **Disability measurement.** AHRQ researchers have developed a new and simplified method for combining ADLs and IADLs to more efficiently assess one’s level of functional disability and allow a greater range of disability to be measured.

Examples of Current Projects

- **Disability in speech/language disorders.** A team of North Carolina researchers at two institutions is assessing the status of current criteria for determining disability in speech and language disorders.
- **Treatment for brain injury and stroke.** Investigators in Oregon are examining the evidence for using oxygen therapy to treat patients suffering from brain injury or stroke.
- **Managing pain after spinal cord injury.** A team of Canadian researchers is studying the clinical evidence for managing neurogenic/neuropathic pain in patients with spinal cord injuries.
- **Quality of life in chronic obstructive pulmonary disease (COPD).** AHRQ-supported researchers are evaluating ways to improve quality of life for patients with COPD, which is second only to heart disease in the number of patients receiving Social Security disability benefits.

For More Information

For more information on AHRQ’s disability research program, contact:

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